CLAIMS ONLY

Application Number	Filing Date
10/760453	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			101		
2							52			102		
3							53			103		
4							54			104		
5							55			105		
6							56			106		
7							57			107		
8							58			108		
9							59			109		
10							60			110		
11							61			111		
12							62			112		
13							63			113		
14							64			114		
15							65			115		
16							66			116		
17							67			117		
18							68			118		
19							69			119		
20							70			120		
21							71			121		
22							72			122		
23							73			123		
24							74			124		
25							75			125		
26							76			126		
27							77			127		
28							78			128		
29							79			129		
30							80			130		
31							81			131		
32							82			132		
33							83			133		
34							84			134		
35							85			135		
36							86			136		
37							87			137		
38							88			138		
39							89			139		
40							90			140		
41							91			141		
42							92			142		
43							93			143		
44							94			144		
45							95			145		
46							96			146		
47							97			147		
48							98			148		
49							99			149		
50							100			150		
Total Indep			2				Total Indep					
Total Depend			14				Total Depend					
Total Claims			16				Total Claims					